

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-587,624

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16	1					
17	1					
18		1				
19		1				
20		1				
21		1				
22		5				
23		0				
24		0				
25		0				
26	1					
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		2				
34		7				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43		1				
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	61					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58			1			
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			24			